STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC
Port Townsend Senior Living
1201 Hancock St
Port Townsend, WA 98368

RE: Port Townsend Senior Living License # 2408

Dear Administrator:

This letter addresses Compliance Determination(s) 78548 (Completion Date 06/09/2026) and 75968 (Completion Date 04/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2660-1, WAC 388-78A-2660, WAC 388-78A-2660-2

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Port Townsend Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2408
Intake ID: 217476
Compliance Determination #: 75968
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 04/16/2026 through 04/17/2026
Complainant Contact Date(s):

Allegation(s):

Fraud/False Billing: Report of facility incorrectly billing for services after a resident moved out and not receiving a refund.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Family members Business office manager Executive Director
Record Reviews:	State reporting log Rental agreement Face sheet Invoices Ledger Refund requests Care plan List of Discharges Characteristic Roster

Investigation Summary:

Fraud/False Billing: Facility is working on correcting billing issues. Refund was not issued within 30 days. Failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

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☐ N/A

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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2408	Compliance Determination # 75968
Plan of Correction	Port Townsend Senior Living	Completion Date
Page 1 of 4	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	04/17/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 04/16/2026 of:

Port Townsend Senior Living
1201 Hancock St
Port Townsend, WA 98368

This document references the following complaint number(s): 217476

The following sample was selected for review during the unannounced on-site visit: 3 of 43 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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Statement of Deficiencies	License #: 2408	Compliance Determination # 75968
Plan of Correction	Port Townsend Senior Living	Completion Date
Page 2 of 4	Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC	04/17/2026

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Clinton Fridley, RN
Residential Care Services

04/24/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Peder Berg
Administrator (or Representative)

4/30/26
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

(2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to issue a refund for services that were previously paid for, services not received, and for rent of the room after all belongings were removed from the facility within 30 days after a resident passed away for 1 of 1 residents (Resident 1 [R1]). This failure resulted in the refund being delayed and causing R1's representative increased frustration during their time of grieving.

Findings Included...

Review of RCW 70.120.150 shows that if a resident dies or is hospitalized or is transferred to another facility for more appropriate care and does not return to the original facility, the facility shall refund any deposit or charges already paid less the facility's per diem rate for the days the resident actually resided or reserved or retained a bed in the facility notwithstanding any minimum stay policy or discharge notice requirements, except that the facility may retain an additional amount to cover its reasonable, actual expenses incurred as a result of a private-pay resident's move, not to exceed five days' per diem charges, unless the resident has given advance notice in compliance with the admission agreement. All long-term care facilities or nursing facilities covered under this section are required to refund any and all refunds due the resident or resident representative to the extent provided by law, within thirty days from the resident's date of discharge from the facility."

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Record review of facility document "Resident Agreement" dated 07/29/2025, showed this agreement shall terminate automatically upon your death. Care charges stop the day of your passing and rent stops on the last day of the month of passing unless belongings remain in apartment. Within thirty (30) days after your personal property is removed from your apartment, your estate, or other person or entity responsible for payment of fees under this Agreement, will receive a refund of any fees paid in advance covering the period after your personal property has been removed.

Record review of facility records show that R1 was admitted to the facility on [redacted]/2020.

Record review of R1's progress notes, dated [redacted]/2026 at 12:38 PM, showed R1 was sent out to the hospital.

Record review of facility provided document titled, "Move-Out Report," dated 01/16/2026 through 04/16/2026, showed R1 was discharged from the facility on [redacted]/2026.

In an interview on 04/08/2026 at 2:20 PM, Collateral Contact 1 (CC1), R1's representative, stated they were being charged for wound care services that R1 did not receive in February 2026. CC1 stated that they were also being charged for other services for the whole month of February even though R1 left the facility on [redacted]/2026. CC1 stated they made several attempts for clarification of the invoice via phone calls, emails, and letters sent by mail after they received the February invoice and had not heard from the facility. CC1 stated they have not received a refund from the facility yet.

Record review of facility provided document titled, "Statement," dated 02/01/2026, showed Ancillary Care Enhanced Nursing Support from 02/01/2026 through 02/28/2026 with a charge of $848.00.

In an interview on 04/16/2026 at 12:36 PM Staff A, Executive Director, stated if a resident leaves the facility, they would get refunded back what is owed for care and services from the time the resident is out of the facility. Staff A stated they do not charge for services after the resident is out of the facility. Staff A stated on the invoice ancillary care enhanced nursing support is the service for wound care. Staff A stated they did a review with Staff B, Nurse, and that they were wrong regarding the wound care charges for February. Staff A stated wound care stopped on 01/22/2026 and there should not have been any charges for wound care after 01/22/2026 and no charges for services after R1 left the facility on [redacted]/2026. Staff A stated the charge for $848.00 on the February invoice for ancillary care enhanced nursing support (wound care) was inaccurate and there should be a refund of $848.00 and a refund for ancillary care enhanced services for wound care from 01/23/2026 through 01/31/2026.

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Record review of a letter sent to the facility from CC1, dated 03/11/2026, showed CC1 requested information regarding a refund in the amount of $848.00 for ancillary care enhanced support services for wound care that they felt was charged incorrectly.

In a joint interview on 04/16/2026 at 2:08 PM, Staff C, Business Office Manager, stated they had received a letter from CC1 stating they felt they had been overcharged for services. Staff C stated they needed to check with Staff B, nurse, regarding the services. Staff C stated they held up on sending the refund due to receiving the letter from CC1 and wanted to make sure the collar amount was correct. Staff C stated refunds should be issued within 30 days of move out but hasn't issued it due to being unsure the amount was correct. Staff C stated that as of today CC1 still has not received a refund as it is in the processing stages. Staff C stated they had left voicemail messages for CC1 to discuss the concerns but did not hear back from them and did not document the attempts to contact.

In a joint interview on 04/16/2026 at 2:42 PM, Staff C stated they got the letter from CC1 on 03/15/2026 or 03/16/2026. Staff C stated that in order for anything to be changed on the invoice they had to wait for Staff B to review and update the dates the services were received by R1. Staff C stated they could not explain the delay. Staff A stated the termination date of the contract was the day R1 moved out of the facility on [redacted]/2026 and a refund should have been issued to R1's POA (Power of Attorney) by 03/26/2026.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Port Townsend Senior Living is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 4/30/26

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